

HOUSE No. 2692

By Mr. Koutoujian of Waltham, petition of Peter J. Koutoujian and others for legislation to increase access to community health centers. Public Health.

The Commonwealth of Massachusetts

PETITION OF:

Peter J. Koutoujian	Joyce A. Spiliotis
Kevin G. Honan	Mary E. Grant
Anne M. Gobi	William Lantigua

In the Year Two Thousand and Five.

AN ACT INCREASING ACCESS TO COMMUNITY HEALTH CENTERS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 51 of chapter 111 of the General Laws is
2 hereby amended by inserting in line 5 after the word “clinic” the
3 following words:— which term shall include under this section a
4 clinic which as been designated by the department as a commu-
5 nity health center pursuant to section 57E of this chapter.

1 SECTION 2. Said chapter is further amended by inserting after
2 section 57D, the following new section:

3 Section 57E: Community health centers. The department shall,
4 after a public hearing, promulgate rules and regulations for the
5 licensing and conduct of community health centers. For the pur-
6 pose of this section, the following words shall have the following
7 meanings: “community health center under independent licen-
8 sure”, a clinic which is designated as a community health center
9 by the department for meeting the following requirements: (a) is
10 licensed as a freestanding clinic by the department pursuant to
11 section 51 of chapter 111 of the general laws;

12 (b) meets the qualifications for certification (or provisional cer-
13 tification) by the division of medical assistance, enters into a
14 provider agreement pursuant to 130 CMR 405.404 or any suc-
15 cessor provision thereto and is eligible to receive payments from
16 the Uncompensated Care Pool Trust Fund; (c) operates in confor-
17 mance with the requirements of 42 U.S.C., section 254b; (d) files
18 cost reports if so requested by the division of health care finance
19 and policy; and (e) provides at a minimum the following basic
20 services: (i) primary care services including adult/internal medi-
21 cine, pediatrics (directly or through formal contractual arrange-
22 ments) and obstetrics (directly or through formal contractual
23 arrangements); (ii) ancillary services including social services,
24 case management and nutritional counseling; and (iii) community
25 outreach and public health programming through contracts, grants
26 or other funding to populations at risk. Notwithstanding the
27 above, organizations which do not meet the requirements of sec-
28 tions (a) or (c) above, but have been designated “community health
29 centers” by both the division of medical assistance and the divi-
30 sion of health care finance and policy prior to January 31, 2002
31 shall continue to be designated as community health centers under
32 independent licensure, provided that they continue to meet the
33 requirements of sections (b), (d) and (e) above. “community
34 health center under hospital licensure”, a clinic which provides
35 comprehensive ambulatory services and which is designated as a
36 community health center by the department for meeting the
37 following requirements: (a) is licensed as an outpatient clinic by
38 the Massachusetts department of public health pursuant to section
39 51 of chapter 111 of the general laws; (b) meets the qualifications
40 for certification (or provisional certification) by the division of
41 medical assistance, enters into a provider agreement pursuant to
42 130 CMR 410.404 or any successor provision thereto and is eli-
43 gible to receive payments from the Uncompensated Care Pool
44 Trust Fund; (c) is licensed under the license of a parent hospital,
45 which hospital has a formal written relationship with a not-for-
46 profit corporation which operates the health center, the board of
47 which is comprised of a majority of consumers or which meets the
48 requirements of the subsections (i) and (ii) of section 330(j)(3)(H)
49 of the Public Health Service Act (42 USC section 254(b)(j)(3)(H))
50 or any successor provision thereto); and (d) provides at a min-

51 imum the following basic services: (i) primary care services
52 including adult/internal medicine, pediatrics (directly or through
53 formal contractual arrangements) and obstetrics (directly or
54 through formal contractual arrangements); (ii) ancillary services
55 including social services, case management and nutritional coun-
56 seling; and (iii) community outreach and public health program-
57 ming through contracts, grants or other funding to populations at
58 risk. Notwithstanding the above, clinics which do not meet the
59 requirements of section (c) above, but which were designated as
60 “community health centers” by both the division of medical assis-
61 tance and the department of public health prior to January 31,
62 2002, shall continue to be designated as community health centers
63 under hospital licensure, provided they continue to satisfy the
64 requirements of sections (a), (b) and (d) above.

1 SECTION 3. Chapter 118E of the General Laws is hereby
2 amended by inserting after section 13A, the following new
3 section:— Section 13B: Community health centers; rates and
4 terms of payment participation in the medical assistance program
5 shall be limited to those providers licensed under section 57E of
6 chapter 111 of the general laws. The following reimbursement
7 requirements shall apply: (i) a community health center shall be
8 reimbursed by the division of medical assistance for the reason-
9 able cost of its services; (ii) a community health center which pro-
10 vides MassHealth services through contracts with entities licensed
11 pursuant to chapter 176G of the general laws shall receive a sup-
12 plemental payment from the division of medical assistance for any
13 shortfall between the reasonable cost of its services and the
14 amount it received through such managed care contracts; and (iii)
15 each entity with a managed care contract with the division of
16 medical assistance, which entity also is licensed pursuant to
17 chapter 176G of the general laws and whose Medicaid and other
18 governmental funding comprise 75% or more of its total revenues,
19 shall be funded by the division of medical assistance under such
20 contract at a level which will enable such an entity to pay for no
21 less than the reasonable cost of services provided by the commu-
22 nity health centers with which it contracts, provided that com-
23 mencing July 1, 2001, the division of medical assistance shall
24 fund such managed care contracts at a level which will enable

25 such an entity to pay community health centers at the same rates
26 that are paid to community health centers by Medicaid managed
27 care organizations not licensed pursuant to chapter 176G of the
28 general laws.

1 SECTION 4. Section 1 of chapter 118G of the General Laws in
2 hereby amended by the striking the definition of “community
3 health center” and inserted in place thereof the following defini-
4 tion:— An entity described under section 57E of chapter 111 of
5 the general laws.